Clear Application

GARAGE – AUTO DEALER, SERVICE AND REPAIR APPLICATION

Date: _____

General Agency: _____ Retail Agency: _____

Agent Name: _____ Agent Name: _____

Phone Number: _____ Phone Number: _____

Applicant's Name: _____ Phone Number: _____

Mailing Address: _____ City: _____

County: _____ State: _____ Zip Code: _____

Business Trade Name: _____

Business Legal Entity: ☐Individual ☐Partnership ☐Limited Liability Corporation ☐Corporation ☐

Requested Effective Date: _____ Years in Business: _____ Years of Experience: _____

Locations where you conduct Garage Operations: Is your business mobile in nature? ☐Yes ☐ No

Loc#	Address	City	County	State	Zip Code
1.					
2.					
3.					

Insurance History: Mark box if no prior insurance☐

Prior Carrier	Effective Date	Expiration Date	Policy Premium

Loss Information: If needed attach additional losses and details on a separate page. Mark box if no prior losses ☐

Date of Loss	Details of Loss	Amount Paid	Amount Reserved

1. Has your insurance been cancelled or non-renewed within the past three years? ☐ Yes ☐ No (n/a in MO)
2. Do you have or maintain animals on your premises? ☐ Yes ☐ No

If yes, please list type and breed: _____ Are they: Pets ☐ or Security ☐?

3. Do you have or maintain firearms on your premises? ☐ Yes ☐ No
4. Do you participate in any ride share programs? ☐ Yes ☐ No If yes, please explain_____
5. List your total annual gross receipts from: Auto sales $_____ Auto Service/Repair $_____

Retail product sales $_____ Uninstalled part sales $_____ Any other operations $_____

6. What are your hours of operation? _____

7. Personnel: Please list all owners, employees, drivers, and any family members or others who may have access to the autos
Complete the table below using the following codes:

Position:	**Auto Use**	**Status**
1 -- Active owners, partners, officers, and their spouses	**1** – Business and Personal Use	**F** – Full Time
2 -- Salespersons, managers, and employees whose principal duties include the operation of autos	**2** – Business use Only	**P** – Part Time
3 -- Mechanics, lot personnel, detailers, office staff	**3** – No use of any auto	**N** – Non-employee
4 -- Inactive owners, partners, officers, and their spouses		

Name	**Date of Birth**	**Driver's License #**	**State**	**Class of CDL**	**# of Motor Vehicle violations past 3 years**	**Position**	**Auto Use**	**Status**

8. Do you use any Contract Drivers in your business? ☐ Yes ☐ No

Business Operation Information:

Auto Section

By percentage list the types autos sold, serviced, or repaired in your Garage Operation. Percent totals need to 100% per column.

Type of Auto	**Sales %**	**Repair %**
Private passenger, SUV, pick-up truck, and vans		
All-terrain vehicles, including dirt bikes		
Antique or classic autos – typically over 30 years old		
Bucket, boom trucks, or cranes		
Busses, motor coaches		
Emergency vehicles (ambulance, police and fire trucks)		
Equipment (Farm, construction, earth moving, forklifts, and similar)		
Golf Carts		
Motorcycles / Scooters		
Mobile Homes		
Racing autos		
Recreational vehicles, Motorhomes		
Refrigerated autos		
Trucks, tractors, and semi-trailers, - greater than 26,000 lbs. gross vehicle weight		
Utility trailers		
Watercraft		
Any auto that has been modified for the physically impaired		
Total		

Dealer Information

9. What type of dealer license do you hold? ☐ Retail ☐ Wholesale

Dealer license #_____ State: _____

10. Percentage of: New auto sales_____ Used auto sales_____

11. Do you conduct auto auctions? ☐ Yes ☐ No

12. What percent of your auto sales are: Retail_____% Wholesale_____%

Consigned_____% Salvage tile_____%

13. Do you operate a salvage lot? ☐ Yes ☐ No ☐ N/A

14. Do you use a consignment agreement for consigned autos? ☐ Yes ☐ No ☐ N/A

15. Do you operate any auto pawn or title pawn operations? ☐ Yes ☐ No

16. Number of dealer plates you have _____ Number of other types of plates you have _____

17. If you are requesting Physical Damage coverage on your dealer's autos, the following must be completed

Location	Maximum value per auto	Average value per auto	Average # of autos on the lot	Maximum number of autos on the lot	Maximum value of all autos on the lot
1.					
2.					
3.					

Location	Describe the theft protection for each location listed above
1.	
2.	
3.	

18. Do you store autos away from the locations listed above? ☐ Yes ☐ No

If yes, where _____ and for how long? _____

19. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time? ☐ Yes ☐ No

Describe your key controls	
During normal business hours	
After business hours	

20. When do you transfer the title of a sold auto?

At time of sale ☐ Yes ☐ No When the state transfers title ☐ Yes ☐ No

When auto is paid for in full ☐ Yes ☐ No Other ☐ Yes ☐ No

21. Do you pick up, deliver, or transport autos not owned by you? ☐ Yes ☐ No

22. Do you repossess autos for yourself? ☐ Yes ☐ No For others? ☐ Yes ☐ No

23. Do you export autos to other countries? ☐ Yes ☐ No

24. Do you loan or lease autos? ☐ Yes ☐ No If yes, for what purpose? _____

25. On test drives do you always:

Obtain a copy of the customer's drivers license and proof of insurance? ☐ Yes ☐ No

Ride along with the customer? ☐ Yes ☐ No

Explain No answers: _____

Do you allow overnight test drives? ☐ Yes ☐ No

Non-Dealer Information

List the percentage of the type of work you do. Percentages must equal 100%

Type of work	Percentage
Auto maintenance and repair – General type*	
Auto conversion (any type)	
Auto transporting	
Dismantling	
Ignition interlock systems (breathalyzer)	
Frame work	
Glass installation/repair/tint	
Hitch installation	
Hydraulics	
Lift kit installation	
Oil and lube	
Painting or clear coating	
Repossession	

Type of work	Percentage
Self-Parking	
Storage or impound	
Suspension (not lift kits)	
Wash or detail	
Tires – New sales, service, installation, or repair	
Tires – Use sales, service, installation, or repair	
Towing for hire	
Upholstery	
Valet Parking	
Wrecker Service	
Other:	
Other:	
Other:	

*Auto maintenance and repair includes the repair and replacement of standard auto parts, including, oil changes, battery replacement, brakes, tires, fluid check and fill, filters, belts, spark plugs, AC service, steering, suspension and transmission.

26. Are signs posted to keep customers out of work areas? ☐ Yes ☐ No

27. Do you do any welding? ☐ Yes ☐ No If yes, explain_____

28. Do you work on hydraulics for dump trucks, bucket trucks, boom trucks, scissor lifts, or any equipment that lifts people? ☐ Yes ☐ No

29. Do you cut, stretch, or weld auto frames or forks? ☐ Yes ☐ No

30. Do you fabricate or manufacture any operating parts? ☐ Yes ☐ No

31. Do you custom build or manufacture any autos? ☐ Yes ☐ No

32. Do you have a paint booth? ☐ Yes ☐ No Is it ventilated with explosion proof lighting? ☐ Yes ☐ No

33. Are paints stored in closed metal cabinet? ☐ Yes ☐ No

34. Do you use plates that are not issued for a specific auto? ☐ Yes ☐ No If, yes how many do you have_____

35. If you are requesting Garagekeepers coverage on your dealer's autos, the following must be completed

Location	Maximum value per auto	Average value per auto	Average number of autos stored at each location	Maximum number of autos stored at each location	Maximum value of all autos stored at each location
1.					
2.					
3.					

Location	Describe the theft protection for each location listed above
1.	
2.	
3.	

36. Are the keys or any device used to start or operate the auto, left in or upon the auto at any time? ☐ Yes ☐ No

Describe your key controls	
During normal business hours	
After business hours	

Coverage Requested

Liability	Limit	
Covered Autos Liability	$	Each Accident
General Liability Bodily Injury and Property Damage Liability	$	Each Accident
Damages to Premises Rented to You	$	Any One Premises
Personal and Advertising Injury Liability	$	Any One Person or Organization
	$	General Liability Aggregate
	$	Products and Work You Performed Aggregate
Liability Deductible	$	

Locations and Operations Medical Payments - Any One Person -- ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000

Auto Medical Payments - Each Insured -- ☐ $500 ☐ $1,000 ☐ $2,000 ☐ $5,000

Acts, Errors or Omissions – For Dealers	Limit	
Truth in Lending	$	Subject to maximum value of any one auto
Odometer Mileage	$	Subject to maximum value of any one auto
Title	$	Subject to maximum value of any one auto
Insurance Agent or Broker	$	Subject to maximum value of any one auto

Dealers Physical Damage Coverage (Wind, hail, or flood may not be available in all states)

☐ Specified Cause of Loss and Collision ☐ Comprehensive and Collision

Maximum Limit per Auto $_____

Total Lot Limit per Location: 1. $_____ 2. $_____ 3. $_____

Deductibles per auto: Specified Cause of Loss or Comprehensive $_____ Collision: $_____

Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.

☐False Pretense $25,000

Garagekeepers Coverage (Wind, hail, or flood may not be available in all states)

Basis: ☐ Legal Liability ☐ Direct Primary ☐ Direct Excess

☐ Specified Cause of Loss and Collision ☐ Comprehensive and Collision

Maximum Limit per Auto $_____

Total Lot Limit per Location: 1. $_____ 2. $_____ 3. $_____

Deductibles per auto: Specified Cause of Loss or Comprehensive $_____ Collision: $_____

Deductibles are subject to aggregates, and separate deductibles for wind, hail, or flood may apply.

No Fault Coverages – Not available in all states for all risks

(Must have a completed state specific selection / rejection form completed for proper coverage)

Limits and coverage options vary by state. This is to serve as a general indication that coverage is requested but does not guarantee coverage will be provided.

☐Uninsured Motorists / Underinsured Motorists Coverage Limits $_____

☐Personal Injury Protection

Total number of plates: _____

Additional optional coverage available (Additional charges may apply. Total number and additional information will be required for policy)

Additional Insureds –

☐Lessor of Leased Equipment
☐Grantor of Franchise
☐Owners of Leased or Rented Land or Premises
☐Co-owner of Insured Premises
☐Concessionaires Trading Under Your Name
☐Controlling Interest
☐Grantor of Licenses
☐Grantor of Licenses - Automatic Status When Required by Licensor
☐Lessor of Leased Equipment - Automatic Status When Required in Lease Agreement with You

Other Options

☐Registration Plates Not Issued to Specific Auto
☐Waiver of Subrogation
☐Designated Insured

Applicant's Statement

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

_____	_____	_____
Signature of Applicant / Tile	Print Name	Date